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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							09/509,872			ng Date 11/2000	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (f),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A			N/A		
TO'	FAL CLAIMS CFR 1.16(i))		minus 20 = *			1	x \$ =		OR	x \$ =		
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawings exceed 10 sheets of paper, the application size fee du is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Se 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						]			ı			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	12/24/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 19	Minus	·· 22	= 0		x s =		OR	X \$52=	0	
	Independent (37 CFR 1,16(h))	• 2	Minus	3	= 0	l	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16(i))	*	Minus	**	:	]	x s =		OR	x \$ =		
Δ	Independent (37 CFR 1.16(h))	•	Minus	***	=	ı	x \$ =		OR	x \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					ı	$\vdash$		l			
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	"If the entry in column 1 is less than the entry in column 2, write '0" in column 3.  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 120".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 13".  The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.											

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